

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029430

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 272

FILED AUG 12 1963

1. PLACE OF DEATH

a. COUNTY

PETTIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SEDALIALength of stay in 1b
10 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BOTHWELL HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY BENTON

c. CITY OR TOWN COLE CAMP

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
PAULINE MARIA EICKHOFF

4. DATE OF DEATH

Month Day Year
AUGUST 10, 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-28-1892 71 Yrs.

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE10b. KIND OF BUSINESS OR INDUSTRY
HOUSEKEEPING11. BIRTHPLACE (City and state or country)
MORA, MO.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

HERMAN HARMS

13b. MOTHER'S MAIDEN NAME

CATARINE HARMS

14. NAME OF HUSBAND OR WIFE

LOUIS OTTO EICKHOFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address
LOUIS O. EICKHOFF COLE CAMP, MO.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral vascular Accident

1 day

DUE TO (c)

Hypertension

2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 2, 58, to Aug 10, 63, and last saw her alive on 8-9-63.
Death occurred at 5:35 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Begin or title)
Louis O. Eickhoff

22b. ADDRESS

Cole Camp, Mo.

22c. DATE SIGNED

8-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

AUG. 12, 1963

23c. NAME OF CEMETERY OR CREMATORY

ST. PAUL'S LUTHERAN

23d. LOCATION (City, town, or county)

COLE CAMP

23e. STATE

MO.

24. FUNERAL DIRECTOR

ADDRESS

Charles F. Fox COLE CAMP, MO.

25. DATE RECD. BY LOCAL REG.

Aug. 11, 1963

26. REGISTRAR'S SIGNATURE

Frances Shelby, Jr.
H. Anderson

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

1 0808

2 0080

3

4 1

5 1

6

7 0

8 0

9 332X

10

11

12 1-2

13 10

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles F. Fox

Licensed Embalmer No. 4610

P. O. Address Pole CAMP, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.